

SOCKET: 248859-00012
 CUSTOMER NO. 83380

Approved for use through 12/31/2008. GMR 0951-0039
 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/589,045
	Filing Date	September 18, 2008
	First Named Inventor	Tami Haral
	Title	Gastrointestinal Methods And...
	Art Unit	
	Examiner Name	
	Attorney Docket Number	MET056,239431

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: **5442 83380**

OR

☐ Practitioner(s) named below:

Name	Registration Number
William H. Pippert	26,723

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number: **5442 83380**

OR

☐ Firm or Individual Name: **Wolf, Block, Schorr & Solja-Cohen LLP**

Address: **250 Park Avenue**

9th Floor

City: **New York** State: **New York** Zip: **10177-0030**

Country: **US**

Telephone: **212.906.1110** Email: **willpippert@wolfblock.com**

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the above material. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/501)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Tami Haral</i>	Date	9/11/08
Name	Tami Haral	Telephone	
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignee of record of the above material or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 38 U.S.C. 125 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.

Socket No: 098859-00012
CUSTOMER No: 83380

6.NOV.2008 18:06

972 4 8581425

NO.390 SEP.277

PTO/SB/01 (01-08)
Approved for Use through 12/31/2008. OMB 0651-0036
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Trademark Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/599,016
	Filing Date	September 18, 2006
	First Named Inventor	Tami Harol
	Title	Gastrointestinal Methods And...
	Art Unit	
	Examiner Name	
Attorney Docket Number	ME1095,239431	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

54842 83380

OR

☐ Practitioner(s) named below:

Name	Registration Number
William H. Dipport	28,723

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

54842 83380

☐ Firm or
Individual Name
Address

Wolf, Block, Schorr & Solis-Cohen LLP
260 Park Avenue
9th Floor

City	New York	State	New York	Zip	10177-0030
Country	US				
Telephone	212.988.1116	Email	wdipport@wolfblock.com		

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/08)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>[Signature]</i>	Date	9/15/08
Name	Yuval Mika	Telephone	
Title and Company	CEO Impulse Dynamics		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Sign multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is designed to take 5 minutes to complete, including gathering, preparing, and submitting this completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND REB OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9198 and select option 2.